

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**2008****Open to Public Inspection**

<b>A For the 2008 calendar year, or tax year beginning</b> <b>04/01, 2008, and ending</b> <b>03/31, 20 09</b>			
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> <b>PENOBSCOT BAY MEDICAL CENTER</b>	<b>D Employer identification number</b> <b>01 0285286</b>
		Doing Business As	
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4 White Street</b>	
		City or town, state or country, and ZIP + 4 <b>Rockland, ME 04841-2953</b>	
		<b>F Name and address of principal officer:</b> <b>ROY HITCHINGS</b> <b>4 white Street, Rockland, ME 04841</b>	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>J Website:</b> ▶ <b>penobscotbaymedicalcenter.org</b>			
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1969</b>	<b>M State of legal domicile:</b> <b>ME</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Acute Care Hospital</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>1,340</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>152</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>578,204</b>	<b>Current Year</b> <b>511,275</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>183,495,959</b>	<b>198,167,426</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,344,004</b>	<b>898,683</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,405,096</b>	<b>405,216</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>187,823,263</b>	<b>199,982,600</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>43,964,270</b>	<b>52,376,798</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>554,557</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		<b>141,614,242</b>	<b>149,778,229</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		<b>185,578,512</b>	<b>202,155,027</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,244,751</b>	<b>-2,172,427</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b> <b>94,705,832</b>	<b>End of Year</b> <b>94,226,246</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>39,191,043</b>	<b>40,883,884</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>55,514,789</b>	<b>53,342,362</b>

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <b>Maura Kelly, Vice President - Fiscal Services</b>		Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶		Phone no. ▶ ( )

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

**Part III Statement of Program Service Accomplishments** (see instructions)

- 1**
- Briefly describe the organization's mission:

Acute Care Hospital

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No
- 
- If "Yes," describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No
- 
- If "Yes," describe these changes on Schedule O.

- 4**
- Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a**
- (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)
- 
- See Statement 2

- 4b**
- (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

- 4c**
- (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

- 4d**
- Other program services. (Describe in Schedule O.)
- 
- (Expenses \$
- 0
- including grants of \$
- 0
- ) (Revenue \$
- 0
- )

**4e** Total program service expenses ► \$ 188,702,723 (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<b>2</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	<b>11</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .	<b>14a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I . . . . .	<b>14b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .	<b>15</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .	<b>16</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I . . . . .	<b>17</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<b>20</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J . . . . .	<b>23</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25. . . . .	<b>24a</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	✓	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	<b>1a</b>	<b>92</b>
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	<b>0</b>
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	<input checked="" type="checkbox"/>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	<b>1340</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	<b>2b</b>	<input checked="" type="checkbox"/>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	<input checked="" type="checkbox"/>
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5c</b>	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	<input checked="" type="checkbox"/>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	<input checked="" type="checkbox"/>
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	



**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	<b>5</b>
<b>b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	<b>5</b>
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	<input checked="" type="checkbox"/>
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>11</b>	<input checked="" type="checkbox"/>

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	<input checked="" type="checkbox"/>
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	<input checked="" type="checkbox"/>
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<input checked="" type="checkbox"/>
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Other officers or key employees of the organization? . . . . .	<b>15b</b>	<input checked="" type="checkbox"/>
	Describe the process in Schedule O. (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ .....

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ **See Statement 3** .....

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Robert Fernald Secretary	2	✓		✓				\$0	\$0	\$0
Michael Jones Chairman	2	✓		✓				\$0	\$0	\$0
David Williams Treasurer	2	✓		✓				\$0	\$0	\$0
William Master Trustee	40	✓						\$195,964	\$0	\$0
Robert Furman Trustee	2	✓						\$0	\$0	\$0
Eric Waters Vice President	40			✓	✓			\$163,197	\$0	\$0
Paula Delahanty Vice President	40			✓	✓			\$144,374	\$0	\$0
Dana Goldsmith Vice President	40			✓	✓			\$274,814	\$0	\$0
Maura Kelly Vice President	40			✓	✓			\$208,906	\$0	\$0
Mark Battista Vice President	40					✓	✓	\$119,705	\$0	\$0
Karen Backman Physician	40					✓		\$251,309	\$0	\$0
Nadia Ramdin Physician	40					✓		\$254,346	\$0	\$0
Frederick Goggans PARC Med Director	40					✓		\$229,762	\$0	\$0
Harold Van Lonkhuyzen Psychiatrist	40					✓		\$168,492	\$0	\$0
Jeffrey Kubel Pharmacy Director	40					✓		\$149,488	\$0	\$0

[illegible]

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 19

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i> . . . . .	4	✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	✓

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
See Statement 4		

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 4



<b>Part VIII Statement of Revenue</b>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	<b>0</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>	<b>0</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	<b>0</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	<b>0</b>				
	<b>e</b> Government grants (contributions).	<b>1e</b>	<b>0</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>511,275</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>0</b>				
	<b>h Total.</b> Add lines 1a-1f . . . . .		<b>511,275</b>				
<b>Program Service Revenue</b>	<b>2a</b> <u>Routine and ancillary services</u>	<b>Business Code</b>					
		<b>622000</b>	<b>192,879,275</b>	<b>192,879,275</b>	<b>0</b>	<b>0</b>	
	<b>b</b> . . . . .						
	<b>c</b> . . . . .						
	<b>d</b> . . . . .						
	<b>e</b> . . . . .						
	<b>f</b> All other program service revenue . . . . .		<b>5,288,151</b>	<b>5,288,151</b>	<b>0</b>	<b>0</b>	
	<b>g Total.</b> Add lines 2a-2f . . . . .		<b>198,167,426</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		<b>918,464</b>	<b>918,464</b>	<b>0</b>	<b>0</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
	<b>5</b> Royalties . . . . .		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .	<b>0</b>	<b>0</b>				
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		<b>30,000</b>	<b>5,000</b>				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>51,494</b>	<b>3,287</b>				
	<b>c</b> Gain or (loss) . . . . .	<b>-21,494</b>	<b>1,713</b>				
	<b>d</b> Net gain or (loss) . . . . .			<b>-19,781</b>	<b>-19,781</b>	<b>0</b>	<b>0</b>
	<b>8a</b> Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses. . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> <u>MRI revenue</u>	<b>621990</b>	<b>397,862</b>	<b>397,862</b>	<b>0</b>	<b>0</b>		
<b>b</b> <u>Specific purpose revenue</u>	<b>622000</b>	<b>7,354</b>	<b>7,354</b>	<b>0</b>	<b>0</b>		
<b>c</b> . . . . .							
<b>d</b> All other revenue . . . . .		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
<b>e Total.</b> Add lines 11a-11d . . . . .		<b>405,216</b>					
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		<b>199,982,600</b>	<b>199,471,325</b>	<b>0</b>	<b>0</b>		

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0	0		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,160,357	1,878,346	282,011	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages . . . . .	39,979,304	34,760,446	5,218,858	0
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	467,844	406,772	61,072	0
<b>9</b> Other employee benefits . . . . .	7,760,213	6,747,203	1,013,010	0
<b>10</b> Payroll taxes . . . . .	2,009,080	1,746,817	262,263	0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	75,925	66,014	9,911	0
<b>c</b> Accounting . . . . .	47,500	41,299	6,201	0
<b>d</b> Lobbying . . . . .	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17	0			0
<b>f</b> Investment management fees . . . . .	0	0	0	0
<b>g</b> Other . . . . .	0	0	0	0
<b>12</b> Advertising and promotion . . . . .	244,549	212,626	31,923	0
<b>13</b> Office expenses . . . . .	889,519	773,402	116,117	0
<b>14</b> Information technology . . . . .	526,825	458,054	68,771	0
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	2,229,455	1,938,424	291,031	0
<b>17</b> Travel . . . . .	406,908	353,791	53,117	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	0	0	0	0
<b>20</b> Interest . . . . .	1,173,226	1,020,074	153,152	0
<b>21</b> Payments to affiliates . . . . .	684,384	595,045	89,339	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	5,062,442	4,401,596	660,846	0
<b>23</b> Insurance . . . . .	2,142,806	1,863,086	279,720	0
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> Contractual adjustments and free care	94,431,938	94,431,938	0	0
<b>b</b> Revenue tax	1,944,086	1,944,086	0	0
<b>c</b> Bad debts	2,727,002	2,727,002	0	0
<b>d</b> Unrealized loss on investments	3,115,435	2,708,749	406,686	0
<b>e</b> Supplies and other	34,076,229	29,627,953	3,893,719	554,557
<b>f</b> All other expenses . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24f	202,155,027	188,702,723	12,897,747	554,557
<b>26</b> Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	1,454,523	1	880,512
	2 Savings and temporary cash investments . . . . .	872,077	2	66,136
	3 Pledges and grants receivable, net . . . . .	0	3	
	4 Accounts receivable, net . . . . .	13,230,053	4	13,871,645
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .	0	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	6	
	7 Notes and loans receivable, net . . . . .	9,822,598	7	11,599,750
	8 Inventories for sale or use . . . . .	1,406,195	8	1,429,575
	9 Prepaid expenses and deferred charges . . . . .	2,114,786	9	997,859
	10a Land, buildings, and equipment: cost basis . . . . .	10a 108,211,190		
	b Less: accumulated depreciation. Complete Part VI of Schedule D . . . . .	10b 64,604,891		
	11 Investments—publicly traded securities . . . . .	39,558,518	10c	43,606,299
	12 Investments—other securities. See Part IV, line 11 . . . . .	20,360,540	11	14,918,647
	13 Investments—program-related. See Part IV, line 11 . . . . .	0	12	
	14 Intangible assets . . . . .		13	
	15 Other assets. See Part IV, line 11 . . . . .	5,886,542	14	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	94,705,832	15	6,855,823	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	94,705,832	16	94,226,246
	18 Grants payable . . . . .	14,345,319	17	11,587,995
	19 Deferred revenue . . . . .	0	18	0
	20 Tax-exempt bond liabilities . . . . .	0	19	0
	21 Escrow account liability. Complete Part IV of Schedule D . . . . .	24,824,482	20	29,044,940
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		21	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0	22	
	24 Unsecured notes and loans payable . . . . .	21,242	23	
	25 Other liabilities. Complete Part X of Schedule D . . . . .		24	6,930
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	0	25	244,019
	<b>Net Assets or Fund Balances</b>	27 <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>	39,191,043	26
27 Unrestricted net assets . . . . .				
28 Temporarily restricted net assets . . . . .		47,564,199	27	48,073,249
29 Permanently restricted net assets . . . . .		2,312,832	28	793,258
30 <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>		5,637,758	29	4,475,855
30 Capital stock or trust principal, or current funds . . . . .			30	
31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .			31	
32 Retained earnings, endowment, accumulated income, or other funds . . . . .			32	
33 <b>Total net assets or fund balances</b> . . . . .		55,514,789	33	53,342,362
34 <b>Total liabilities and net assets/fund balances</b> . . . . .		94,705,832	34	94,226,246

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? . . . . .	2b	<input checked="" type="checkbox"/>
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	<input checked="" type="checkbox"/>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	

## Public Charity Status and Public Support

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

**Open to Public Inspection**

Name of the organization

**PENOBSCOT BAY MEDICAL CENTER**

Employer identification number

01 | 0285286

Part I	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
  - 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
  - 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
  - 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
  - 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
  - 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - 9 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
  - 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
  - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.  

a ☐ Type I

b ☐ Type II

c ☐ Type III—Functionally integrated

d ☐ Type III—Other

  - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
  - h Provide the following information about the organizations the organization supports.

[illegible]

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1-3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	%
<b>16a</b> <b>33⅓% support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>33⅓% support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐ ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	%

**19a 33⅓% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33⅓% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



## Part IV

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**PENOBSCOT BAY MEDICAL CENTER**

Employer identification number

**01 0285286**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	<b>2a</b>
b Total acreage restricted by conservation easements . . . . .	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	<b>2d</b>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► .....

4 Number of states where property subject to conservation easement is located ► .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ .....

(ii) Assets included in Form 990, Part X . . . . . ► \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ .....

b Assets included in Form 990, Part X . . . . . ► \$ .....



**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products . . .		
Closely-held equity interests . . . . .		
Other .....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Other assets</b>	<b>\$4,878,332</b>
<b>Trustee held bond funds</b>	<b>\$1,458,469</b>
<b>Bond issue costs</b>	<b>\$519,022</b>
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	<b>6,855,823</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	<b>0</b>
<b>Capital leases payable</b>	<b>\$244,019</b>
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	<b>244,019</b>

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	<b>199,982,600</b>
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	<b>202,155,027</b>
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	<b>-2,172,427</b>
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	<b>0</b>
<b>5</b>	Donated services and use of facilities	<b>5</b>	<b>0</b>
<b>6</b>	Investment expenses	<b>6</b>	<b>0</b>
<b>7</b>	Prior period adjustments	<b>7</b>	<b>0</b>
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	<b>0</b>
<b>9</b>	Total adjustments (net). Add lines 4–8	<b>9</b>	<b>0</b>
<b>10</b>	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	<b>10</b>	<b>-2,172,427</b>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>119,546,727</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	<b>715,894</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>0</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	<b>0</b>
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	<b>13,719,901</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>14,435,795</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>105,110,932</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>0</b>
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	<b>94,871,668</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>94,871,668</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12.)	<b>5</b>	<b>199,982,600</b>

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>119,037,675</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>0</b>
<b>b</b>	Prior year adjustments	<b>2b</b>	<b>0</b>
<b>c</b>	Losses reported on Form 990, Part IX, line 25	<b>2c</b>	<b>0</b>
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	<b>13,447,312</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>13,447,312</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>105,590,363</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>0</b>
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	<b>96,564,664</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>96,564,664</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18.)	<b>5</b>	<b>202,155,027</b>

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

See Statement 5

## Part XIV Supplemental Information (continued)

[illegible]



**SCHEDULE H**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- To be completed by organizations that answer "Yes" to Form 990,  
Part IV, line 20.  
► Attach to Form 990.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**PENOBSCOT BAY MEDICAL CENTER**

Employer identification number

**01 0285286**

**Part I** **Charity Care and Certain Other Community Benefits at Cost** (Optional for 2008)

	Yes	No
<b>1a</b> Does the organization have a charity care policy? If "No," skip to question 6a . . . . .		
<b>1b</b> If "Yes," is it a written policy? . . . . .		
<b>2</b> If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
<b>3</b> Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. <b>a</b> Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: . . . . . <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</b> Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .		
<b>5a</b> Does the organization budget amounts for free or discounted care provided under its charity care policy?		
<b>5b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .		
<b>5c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		
<b>6a</b> Does the organization prepare an annual community benefit report? . . . . .		
<b>6b</b> If "Yes," does the organization make it available to the public? . . . . .		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . . . .						
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .						
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Charity Care and Means-Tested Government Programs . . . . .						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .						
f Health professions education (from Worksheet 5) . . . . .						
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .						
j Total Other Benefits . . . . .						
k Total (line 7d and 7j) . . . . .						

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities. *(Optional for 2008)*

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices** *(Optional for 2008)*
**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>		
<b>2</b> Enter the amount of the organization's bad debt expense (at cost) . . . . .	<b>2</b>		
<b>3</b> Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy. . . . .	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>		
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>		
<b>7</b> Enter line 5 less line 6—surplus or (shortfall) . . . . .	<b>7</b>		
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

**Section C. Collection Practices**

<b>9a</b> Does the organization have a written debt collection policy? . . . . .	<b>9a</b>		
<b>b</b> If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. . . . .	<b>9b</b>		

**Part IV Management Companies and Joint Ventures** *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					
<b>11</b>					
<b>12</b>					
<b>13</b>					
<b>14</b>					

## Part V

Name and address

## Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

[illegible]

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees**

**▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**PENOBSCOT BAY MEDICAL CENTER**

Employer identification number

**01 0285286**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                          |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

**a** Receive a severance payment or change of control payment? . . . . .

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		✓
<b>4b</b>		✓
<b>4c</b>		✓
<b>5a</b>		✓
<b>5b</b>		✓
<b>6a</b>		✓
<b>6b</b>		✓
<b>7</b>		✓
<b>8</b>		✓

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Statement 7	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

This image shows a blank sheet of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting or typing. There are no margins, text, or other markings on the page.

Part I Bond Issues (Required for 2008)									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A See Statement 8									
B									
C									
D									
E									

Part II Proceeds (Optional for 2008)									
	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	Yes
1 Total proceeds of issue . . . . .									
2 Gross proceeds in reserve funds . . . . .									
3 Proceeds in refunding or defeasance escrows . . .									
4 Other unspent proceeds . . . . .									
5 Issuance costs from proceeds . . . . .									
6 Working capital expenditures from proceeds . . .									
7 Capital expenditures from proceeds . . . . .									
8 Year of substantial completion . . . . .									
9 Were the bonds issued as part of a current refunding issue?									
10 Were the bonds issued as part of an advance refunding issue? . . . . .									
11 Has the final allocation of proceeds been made? . .									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds? . .									

Part III Private Business Use (Optional for 2008)									
	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	Yes
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .									
2 Are there any lease arrangements with respect to the financed property which may result in private business use?									

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>		<b>E</b>	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? . . . . .										
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? . . . . .										
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .										
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►										
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . ►										
<b>6</b> Total of lines 4 and 5 . . . . .										
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . .										

**Part IV Arbitrage** (Optional for 2008)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>		<b>E</b>	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .										
<b>2</b> Is the bond issue a variable rate issue? . . . . .										
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? . . . . .										
<b>b</b> Name of provider . . . . .										
<b>c</b> Term of hedge . . . . .										
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .										
<b>b</b> Name of provider . . . . .										
<b>c</b> Term of GIC . . . . .										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .										
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .										
<b>6</b> Did the bond issue qualify for an exception to rebate? .										

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**PENOBSCOT BAY MEDICAL CENTER**

Employer identification number

**01 | 0285286**

**See Statement 9**

Employer identification number

01 | 0285286

This image shows a full page of a handwriting practice worksheet. It consists of multiple sets of three horizontal dashed lines, providing a guide for letter height and placement. The lines are evenly spaced across the entire page, which is otherwise blank.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization	Employer identification number
PENOBSCOT BAY MEDICAL CENTER	01 : 0285286

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Statement 10					

### Part III Identification of Related Organizations Taxable as a Partnership

[illegible]

## Part IV Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]



Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		Yes	No
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	✓	
b	Gift, grant, or capital contribution to other organization(s)	1b		✓
c	Gift, grant, or capital contribution from other organization(s)	1c		✓
d	Loans or loan guarantees to or for other organization(s)	1d		✓
e	Loans or loan guarantees by other organization(s)	1e		✓
f	Sale of assets to other organization(s)	1f		✓
g	Purchase of assets from other organization(s)	1g		✓
h	Exchange of assets	1h		✓
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		✓
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	✓	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	✓	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	✓	
n	Sharing of paid employees	1n	✓	
o	Reimbursement paid to other organization for expenses	1o	✓	
p	Reimbursement paid by other organization for expenses	1p	✓	
q	Other transfer of cash or property to other organization(s)	1q	✓	
r	Other transfer of cash or property from other organization(s)	1r		✓

2 If the answer to any of the above is “Yes,” see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	See Statement 11		
(2)			
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Statement 1 : Reasonable Cause Explanations**

**Statement 2 : Program Service Accomplishments**

**Statement 3 : The Books Are In Care Of**

**Statement 4 : Contractor Compensation**

**Statement 5 : Supplemental Information**

**Statement 6 : Description of Facility Information**

**Statement 7 : Description of Individuals' Compensation**

**Statement 8 : Bond Issues**

**Statement 9 : Additional Information for Responses to Specific Questions for The Form 990 or Others**

**Statement 10 : Description of Identification of Related Tax-Exempt Organizations**

**Statement 11 : Description of Covered Relationships and Transaction Thresholds**

**Statement 1**

Form: 990

Page: 1

Line Number:

ReasonableCauseExplanation

PENOBSCOT BAY MEDICAL CENTER

01-0285286

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**Reasonable Cause Explanations**

---

**Explanation**

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Extension request submitted and approved.

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**Statement 2**

Form: 990

Page: 2

Line Number: Part III Line 4a

Activity

**PENOBSCOT BAY MEDICAL CENTER****01-0285286****Program Service Accomplishments**

<b>Activity Code</b>	<b>Description</b>	<b>Expense</b>	<b>Grants</b>	<b>Revenue</b>
	<p>Inpatient Care: Penobscot Bay Medical Center provides quality medical health care regardless of race, creed, sex, national origin, handicap, age, or ability to pay. Although reimbursement for services rendered is critical to the operation and stability of Penobscot Bay Medical Center, not all individuals possess the ability to purchase essential medical services. Our mission is to serve the community by providing health care services and health care education. In keeping with this hospital's commitment to serve all members of its community, we provide free care and/or subsidized care, care to persons covered by governmental programs below cost, and health activities and programs for the community. Penobscot Bay Medical Center served 4,777 inpatients, including newborns, and 180,712 outpatients, including ER visits, during FY 09. Twenty-four hour medical emergency service is provided in the Emergency Room, staffed by full-time attending physicians. Patients are seen regardless of ability to pay. There were 25,922 visits to the Emergency Room during FY 09. Penobscot Bay Medical Center provides care to persons covered by governmental programs at below charge. Recognizing its mission to the community, services are provided to both Medicare and MaineCare patients. To the extent reimbursement is below charge, Penobscot Bay Medical Center recognizes these amounts as contractual adjustments. The unreimbursed costs of providing care to these patients was \$92,263,302. During FY 09, approximately 59% of services were to patients covered by these governmental programs. Additionally, Penobscot Bay Medical Center provided \$2,168,624 in charity care to patients not covered by governmental programs. Penobscot Bay Medical Center provides free conference room and meeting room space for a variety of health related groups. These include: Alcoholics Anonymous, Al Anon, Midcoast Cancer Support Group, Crohns Disease Support Group, Heart to Heart, Cardiac Spouse Support Group, Visually Impaired and Blind Support Group, Pediatric Asthma Support Group, Ostomy Group, Midcoast Mastectomy Support Group, Northeast Health Consortium for Integrated Care, CISS Program, Breast Cancer Intervention Project, COMPEER, Mid Coast Coalition for Domestic Abuse, Teen Parenting, Womens and Childrens Community Care Project. Assistance is provided to educators through our work with medical students, student nurses, physical therapy interns, emergency medical technicians, medical records and social service students. Through an agreement with the University of Maine - Orono, our Education and Training Department offers nurses with certificate degrees the opportunity to work toward a baccalaureate degree in this local area. The hospital maintains a research library which is open 24 hours a day and available to the general public. During FY 09 the community contributed approximately 14,900 hours toward</p>	\$188,702,723	\$0	\$199,471,325

**Statement 2****PENOBSCOT BAY MEDICAL CENTER**

the common purpose of servicing the health care needs of the community. The value of this contribution is given back to the community through lower costs in both patient services and other wellness programs such as those described above. In an effort to improve inpatient mental health services in the community, Penobscot Bay Medical Center has expanded its Mental Health Unit from six to eighteen beds with the capacity for involuntary admissions, as well as developing programs for patients with the dual diagnosis of mental illness and substance abuse. This expansion is in part a response to the decentralization of mental health services by the State of Maine Department of Mental Health and Mental Retardation. In FY 09,PBMC participated in several community health fairs. At these events, health information and free hearing and cholesterol tests were provided. During the course of the year, more than 20 school and civic groups visited the hospital to learn more about specific employment fields or health services. Health career fairs were organized and held at our local high schools during FY 09. The hospital operates a free physician referral line in order to make sure patients in the community are able to access physicians. PBMC maintains a free speakers bureau as a means of assuring that Midcoast civic groups and residents can access information available through our physicians and professional staff. The Breast Cancer Awareness Project has significantly heightened the awareness of breast cancer in the Midcoast region. PBMC has made arrangements for women in need to receive free or subsidized mammograms. Our community educator has made great strides in providing information on breast health and breast cancer awareness. (0 See above)

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<b>Total:</b>	<b>\$188,702,723</b>	<b>\$0</b>	<b>\$199,471,325</b>
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**Statement 3**

Form: 990

Page: 6

Line Number: Part VI Section C Line 20

TheBooksAreInCareOf

**PENOBSCOT BAY MEDICAL CENTER****01-0285286****The Books Are In Care Of****Name and address:****Telephone Number**

Lynn E Soucy

(207)594-6747

4 White Street

Rockland, ME 04841-2953



**Statement 4**

Form: 990

Page: 8

Line Number: Part VII Section B

Contractor Compensation

**PENOBSCOT BAY MEDICAL CENTER****01-0285286****Contractor Compensation**

<b>Name and address:</b>	<b>Description Of Services</b>	<b>Compensation</b>
Attorney Carl Trynor P O Box 4290 Portland, ME 04112	Collections	\$186,971
Lapchick Creative 28 Maple Street 3rd Floor Portland, ME 04101	Marketing	\$171,834
Pen Bay X-Ray Associates P O Box 1849 Lewiston, ME 04241-1849	X-Ray services	\$163,814
Penobscot Bay Pathology Associates P O Box 1849 Lewiston, ME 04241-1849	Pathologists	\$160,833
<b>Total:</b>		<b>\$683,452</b>

**Statement 5**

Form: Schedule D

Page: 4

Line Number: Part XIV

Form990ScheduleDPartXIV

**PENOBSCOT BAY MEDICAL CENTER****01-0285286****Supplemental Information**

<b>Explanation:</b>		
<b>Reference:</b>	Schedule D, Part X	Not applicable.
<b>Identifier:</b>	SchD_P10_S00_L00	
<b>Reference:</b>	Schedule D, Part V, Line 4	Revenue is used to support the Organization's mission.
<b>Identifier:</b>	SchD_P05_S00_L04	
<b>Reference:</b>	Schedule D, Part XII, Line 2d	EPS and PBPA revenue 13,447,312; Assets released from restrictions 272,589
<b>Identifier:</b>	SchD_P12_S00_L02d	
<b>Reference:</b>	Schedule D, Part XII, Line 4b	Free Care 2,168,627; Contractual adjustments 92,263,311; Specific purpose revenue 439,730
<b>Identifier:</b>	SchD_P12_S00_L04b	
<b>Reference:</b>	Schedule D, Part XIII, Line 2d	EPS and PBPA revenue
<b>Identifier:</b>	SchD_P13_S00_L02d	
<b>Reference:</b>	Schedule D, Part XIII, Line 4b	Free Care 2,168,627; Contractual adjustments 92,263,311, Net market loss 2,132,726
<b>Identifier:</b>	SchD_P13_S00_L04b	

**Statement 6**

Form: Schedule H

Page: 3

Line Number: Part V

Form990ScheduleHPartV

**PENOBSCOT BAY MEDICAL CENTER****01-0285286****Description of Facility Information**

<b>Name and address</b>	<b>C1</b>	<b>C2</b>	<b>C3</b>	<b>C4</b>	<b>C5</b>	<b>C6</b>	<b>C7</b>	<b>C8</b>	<b>Other</b>
PENOBSCOT BAY MEDICAL CENER 6 GLEN COVE DRIVE ROCKPORT, ME 04856	Yes	Yes					Yes		PHYSICIANS' OFFICES, LONG TERM CARE AND SKILLED NURSING FACILITY, EMPLOYEE HEALTH

C1 = Licensed hospital

C2 = General medical and surgical

C3 = Children's hospital

C4 = Teaching hospital

C5 = Critical Access hospital

C6 = Research facility

C7 = ER - 24 hours

C8 = ER - other

## Statement 7

Form: Schedule J

Page: 2

Line Number: Part II

Form990ScheduleJPartII

PENOBSCOT BAY MEDICAL CENTER

01-0285286

## Description of Individuals' Compensation

	Base compensation (\$)	Bonus and incentive compensation (\$)	Other compensation (\$)	Deferred compensation (\$)	Nontaxable benefits (\$)	Total Comp reported prior 990	
<b>Eric Waters</b>							
From org.	\$163,197	\$0	\$0	\$2,879	\$0	\$166,076	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Paula Delahanty</b>							
From org.	\$144,374	\$0	\$0	\$6,854	\$0	\$151,228	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Dana Goldsmith</b>							
From org.	\$274,814	\$0	\$0	\$6,900	\$0	\$281,714	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Mark Battista</b>							
From org.	\$119,705	\$0	\$0	\$2,935	\$0	\$122,640	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Karen Backman</b>							
From org.	\$251,309	\$0	\$0	\$6,900	\$0	\$258,209	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Nadia Ramdin</b>							
From org.	\$254,346	\$0	\$0	\$6,779	\$0	\$261,125	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Frederick Goggans</b>							
From org.	\$229,762	\$0	\$0	\$6,743	\$0	\$236,505	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Harold Van Lonkhuyzen</b>							
From org.	\$168,492	\$0	\$0	\$5,163	\$0	\$173,655	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>William Master</b>							
From org.	\$195,964	\$0	\$0	\$3,659	\$0	\$199,623	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Maura Kelly</b>							
From org.	\$208,906	\$0	\$0	\$0	\$0	\$208,906	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Jeffrey Kubel</b>							
From org.	\$149,488	\$0	\$0	\$7,637	\$0	\$157,125	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**Statement 8**

Form: Schedule K

Page: 1

Line Number: Part I Column (a)

Bond Issues

**PENOBSCOT BAY MEDICAL CENTER****01-0285286****Bond Issues**

		<b>Issue Price</b>
<b>Issuer Name</b>	MAINE HEALTH & HIGHER EDUCATION FACILITIES AUTHORITY	\$96,580,578
<b>Issuer EIN</b>	01-0314384	
<b>CUSIP #</b>	560425DC1	
<b>Date Issued</b>	05/19/1999	
<b>Description Of Purpose</b>	BUILDING AND FACILITIES	
<b>Defeased</b>	No	
<b>On Behalf Of Issuer</b>	No	
<b>Issuer Name</b>	MAINE HEALTH & HIGHER EDUCATION FACILITIES AUTHORITY	\$50,725,469
<b>Issuer EIN</b>	01-0314384	
<b>CUSIP #</b>	560425FW5	
<b>Date Issued</b>	08/03/2000	
<b>Description Of Purpose</b>	BUILDING AND FACILITIES	
<b>Defeased</b>	No	
<b>On Behalf Of Issuer</b>	No	
<b>Issuer Name</b>	MAINE HEALTH & HIGHER EDUCATION FACILITIES AUTHORITY	\$36,540,048
<b>Issuer EIN</b>	01-0314384	
<b>CUSIP #</b>	560425QS2	
<b>Date Issued</b>	10/16/2003	
<b>Description Of Purpose</b>	BUILDINGS AND FACILITIES	
<b>Defeased</b>	No	
<b>On Behalf Of Issuer</b>	No	
<b>Issuer Name</b>	MAINE HEALTH & HIGHER EDUCATION FACILITIES AUTHORITY	\$74,141,027
<b>Issuer EIN</b>	01-0314384	
<b>CUSIP #</b>	560425TL4	
<b>Date Issued</b>	06/03/2004	
<b>Description Of Purpose</b>	BUILDINGS AND FACILITIES	
<b>Defeased</b>	No	
<b>On Behalf Of Issuer</b>	No	
<b>Issuer Name</b>	MAINE HEALTH & HIGHER EDUCATION FACILITIES AUTHORITY	\$91,723,676
<b>Issuer EIN</b>	01-0314384	
<b>CUSIP #</b>	560425G20	
<b>Date Issued</b>	09/07/2006	
<b>Description Of Purpose</b>	BUILDINGS AND FACILITIES	
<b>Defeased</b>	No	
<b>On Behalf Of Issuer</b>	No	

**Statement 9**

Form: Schedule O

Page: 1

Line Number: ScheduleO

GeneralExplanation

**PENOBSCOT BAY MEDICAL CENTER****01-0285286****Additional Information for Responses to Specific Questions for The Form 990 or Others**

		<b>Explanation:</b>
<b>Reference:</b>	Form 990, Part VI, Section A, Line 10	Form 990 is carefully prepared by one individual and reviewed carefully by two others. It is presented to the organization's Finance Committee before filing.
<b>Identifier:</b>	F990_P06_S0A_L10	
<b>Reference:</b>	Form 990, Part VI, Section B, Line 12c	At the beginning of Board service, members are required to document any conflict of interest that may exist, and they are required to report any additional conflicts that may arise.
<b>Identifier:</b>	F990_P06_S0B_L12c	
<b>Reference:</b>	Form 990, Part VI, Section C, Line 19	The Organization does not make its governing documents, conflict of interest policy, or financial statements public.
<b>Identifier:</b>	F990_P06_S0C_L19	
<b>Reference:</b>	Schedule R, Part V, Line 1a	Interest received from Mid-Coast Mental Health Association 9,922
<b>Identifier:</b>	SchR_P05_S00_L01a	
<b>Reference:</b>	Schedule R, Part V, Line 1l	Management services by Pen Bay Healthcare 4,700,215; fundraising support bu North East Health Foundation 511,275
<b>Identifier:</b>	SchR_P05_S00_L01l	
<b>Reference:</b>	Schedule R, Part V, Line 1m	Does not meet threshold
<b>Identifier:</b>	SchR_P05_S00_L01m	
<b>Reference:</b>	Schedule R, Part V, Line 1n	Does not meet threshold
<b>Identifier:</b>	SchR_P05_S00_L01n	
<b>Reference:</b>	Schedule R, Part V, Line 1o	Does not meet threshold
<b>Identifier:</b>	SchR_P05_S00_L01o	
<b>Reference:</b>	Schedule R, Part V, Line 1p	Does not meet threshold
<b>Identifier:</b>	SchR_P05_S00_L01p	
<b>Reference:</b>	Schedule R, Part V, Line 1q	Cash transfer to Mid-Coast Mental Health Association 684,384
<b>Identifier:</b>	SchR_P05_S00_L01q	
<b>Reference:</b>	Form 990, Part VI, Section B, Line 15	Executive compensation is reviewed annually by the Board of Directors.
<b>Identifier:</b>	F990_P06_S0B_L15	

**Statement 10**

Form: Schedule R

Page: 1

Line Number: Part II

Form 990 Schedule R Part II

**PENOBSCOT BAY MEDICAL CENTER****01-0285286****Description of Identification of Related Tax-Exempt Organizations**

<b>Name, address and EIN</b>	QUARRY HILL 4 WHITE STREET ROCKLAND, ME 04841 010213976
<b>Primary activities</b>	LONG TERM CARE
<b>State or foreign country</b>	ME
<b>Exempt code section</b>	501(c)(3)
<b>Public charity status</b>	9
<b>Direct controlling entity</b>	N/A
<b>Name, address and EIN</b>	PEN BAY HEALTHCARE 4 WHITE STREET ROCKLAND, ME 04841 222494475
<b>Primary activities</b>	ADMINISTRATION
<b>State or foreign country</b>	ME
<b>Exempt code section</b>	501(c)(3)
<b>Public charity status</b>	11c
<b>Direct controlling entity</b>	N/A
<b>Name, address and EIN</b>	MID-COAST MENTAL HEALTH ASSOCIATION 4 WHITE STREET ROCKLAND, ME 04841 010277794
<b>Primary activities</b>	MENTAL HEALTH SERVICES
<b>State or foreign country</b>	ME
<b>Exempt code section</b>	501(c)(3)
<b>Public charity status</b>	9
<b>Direct controlling entity</b>	N/A
<b>Name, address and EIN</b>	KNO-WAL-LIN HOME CARE AND HOSPICE 4 WHITE STREET ROCKLAND, ME 04841 010340947
<b>Primary activities</b>	HOME HEALTH CARE
<b>State or foreign country</b>	ME
<b>Exempt code section</b>	501(c)(3)
<b>Public charity status</b>	9
<b>Direct controlling entity</b>	N/A
<b>Name, address and EIN</b>	KNO-WAL-LIN HELP AT HOME 4 WHITE STREET ROCKLAND, ME 04841 222968726
<b>Primary activities</b>	HOME MAKER SERVICES
<b>State or foreign country</b>	ME
<b>Exempt code section</b>	501(c)(3)
<b>Public charity status</b>	9
<b>Direct controlling entity</b>	N/A
<b>Name, address and EIN</b>	NORTHEAST HEALTH FOUNDATION 4 WHITE STREET ROCKLAND, ME 04841 222480325
<b>Primary activities</b>	FUNDRAISING SUPPORT
<b>State or foreign country</b>	ME
<b>Exempt code section</b>	501(c)(3)



**Statement 10****PENOBSCOT BAY MEDICAL CENTER****Public charity status** 11c**Direct controlling entity** N/A

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**Name, address and EIN** PENOBSCOT BAY PHYSICIANS AND ASSOCIATES  
4 WHITE STREET  
ROCKLAND, ME 04841  
010530517**Primary activities** PHYSICIAN SERVICES**State or foreign country** ME**Exempt code section** 501(c)(3)**Public charity status** 9**Direct controlling entity** N/A

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## Statement 11

Form: Schedule R

Page: 3

Line Number: Part V Line 2

TransactionsRelatedOrgsTable

PENOBSCOT BAY MEDICAL CENTER

01-0285286

Description of Covered Relationships and Transaction Thresholds		Amount involved
Name	MID-COAST MENTAL HEALTH ASSOCIATION	\$9,922
Transaction type	a-i	
Name	KNO-WAL-LIN HOME CARE AND HOSPICE	\$81,600
Transaction type	k	
Name	QUARRY HILL	\$52,620
Transaction type	k	
Name	QUARRY HILL	\$52,500
Transaction type	k	
Name	KNO-WAL-LIN HOME CARE AND HOSPICE	\$33,000
Transaction type	k	
Name	QUARRY HILL	\$30,916
Transaction type	k	
Name	PEN BAYHEALTHCARE	\$4,458,858
Transaction type	l	
Name	MID-COAST MENTAL HEALTH ASSOCIATION	\$684,384
Transaction type	q	